

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90223 039 ***150.00

051785

DOCUMENT # P96000078114

1. Entity Name:

DELLA-SALA-&-MCNEELY-ENTERPRISES, INC.

Principal Place of Business

**501 E POLKSON STREET
 FED. ANNEX BLDG
 TAMPA FL 33602**

Mailing Address

**700 RUTGER PLACE
 SUN CITY FL 33573**

2. Principal Place of Business

3501 RIGA BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

US ENCODING CTR

City & State

City & State

TAMPA, FL

Zip

Country

Zip

Country

33619

Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3405394**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DELLA SALA, ANTHONY
 700 RUTGERS PLACE
 SUN CITY CENTER FL 33573**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **DELLA SALA, ANTHONY**
 STREET ADDRESS **700 RUTGER PLACE**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **VP** ☐ Delete
 NAME **DELLA SALA, JUDITH K**
 STREET ADDRESS **700 RUTGER PLACE**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **ST** ☐ Delete
 NAME **MCNEELY, BOBBIE SUE**
 STREET ADDRESS **505 RICKENBACKER DRIVE**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anthony DellaSala

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01

Date

813/494-6902

Daytime Phone #

CR2E034 (10/00)